



## Office of the United States Trustee Region 12

Districts of Iowa, Minnesota, North Dakota and South Dakota

### REPORT OF POSSIBLE BANKRUPTCY FRAUD OR ABUSE

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**Notice:** This form is used to report allegations of bankruptcy fraud or abuse of the bankruptcy system. You are not required to submit your name and address, but it would be helpful should we require additional information. All allegations are carefully reviewed. If the facts contained in the allegation can be confirmed, our office will investigate the case and our trial attorneys may pursue available legal remedies. You will **not** receive a confirmation of your report. Thank you.

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#### Debtor(s) Information

Last

First

Middle

and (if there are joint debtors)

Last

First

Middle

#### Complete Address of Debtor(s)

Address

City

County

State

#### Address of Joint Debtor (if different from above)

Address

City

County

State

**List the approximate time period when the fraud or abuse was committed:**

**Describe the fraud or abuse and how you know it to be true:**

**Your Name**

Last

First

Middle

Address:

City

County

State

Email Address

**You may also report bankruptcy fraud or abuse by writing: Office of the United States Trustee, Attention: Robert B. Raschke, 300 South Fourth Street, Suite 1015, Minneapolis, Minnesota with a copy to any assigned trustee (if known). Please include:**

**Your name**

**Your address**

**Your daytime phone number**

**A clear and concise explanation of the fraud**

**Copies of any documents you have related to the case**